ANNUAL REPORT

OF THE

CHIEF MEDICAL OFFICER

OF THE

DEPARTMENT OF THE INTERIOR

BY

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Being for the Year 1914-15

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OTTAWA, July 14, 1915.

W. W. CORY, Esq.,
Deputy Minister of the Interior,
Ottawa.

SIR,—I beg herewith to present for your consideration my eleventh annual report on the medical inspection of immigrants, it being for the fiscal year 1914-15.

As two-thirds of the year have been marked by the Great War, affecting especially those countries from which immigration has hitherto come to Canada, the total immigration has been greatly reduced in consequence; but the total for the year is beyond what might naturally have been expected. The relative proportion of immigrants belonging to the three chief classes of past years has been notably altered, as seen in the following table:—

TABLE I.—Showing Immigrants by National Groups.

—	Great Britain.	United States.	Other Countries.
1913-14	142,622 : 37%	107,530 : 27%	134,726 : 35%
1914-15	43,276 : 29%	59,779 : 41%	41,734 : 30%

This altered proportion affects to some extent the percentage of persons detained or deported, as will be seen by comparison in a later table; while the interning by the military authorities of certain nationalities of foreign immigrants will still further modify former comparative figures. Naturally with a lessened immigration there has been no extension of facilities at the seaports for immigration work; while that which has been carried on was of an essentially routine character. Similarly no special consideration has been given to suggestions for following the methods instituted by the Commonwealth of Australia for the examination and certifying of immigrants in Great Britain prior to taking passage. A brief reference to the method may be of interest. In the pamphlet "The Medical Examination of Intending Immigrants to Australia," W. Perrin Norris, M.D., D.P.H. Chief Medical Officer attached to the Commonwealth Medical Bureau in London, England, states:—

> "In order to prevent, or at least minimize the risk of such hardships and disappointments in the course of Australian immigration, and at the same time to ensure, as far as possible, the exclusion of those persons who are, under the Commonwealth Act, defined as 'Prohibited Immigrants,' the Act provides, *inter alia*, for a preliminary medical examination of all intending immigrants, that is, all persons from abroad who are going to Australia to settle there. This requirement applies to all passengers, irrespective of class. It is further required that this examination shall be made by approved medical referees, for whose appointment the Act provides.
>
> "The Commonwealth Medical Bureau, attached to the High Commissioner's Office in London, is constituted under the Act, and its primary function is to control the system of medical examination and certification, and to organize and direct the service of medical referees."

The work is carried on under the Commonwealth Immigration Act, 1912, and, as stated in the pamphlet, has as one of its objects to prevent hardship to intending immigrants, who otherwise might, as has been the case elsewhere, be turned back on account of disease or defect, discovered on arrival at some port of entry many thousand miles away. It is further pointed out that in this examination it is very desirable to aim at uniformity in the work so that "the danger of an intending immigrant being classed by one examiner as fit and by another as unfit for certification may be obviated." The pamphlet further sets forth the instructions to the medical examiners or referees. Through the courtesy of Dr. Norris I am informed that the system as arranged for, includes 1,500 approved medical referees or examiners distributed throughout the United Kingdom, and that most of them, having an approved deputy, are so located that most intending immigrants will not travel more than five miles for examination and many not more than two miles. The provisions of the Immigration Act are similar to those of the United States and of Canada and special forms are made for assisted and ordinary emigrants. There is a special blank form to be signed in the presence of the medical referee by: (*a*) single persons over 16 years of age; (*b*) the head of a family who reports on all members of family under 16 years

The form for assisted immigrants shows that the examination and certification, which includes the fees paid to medical examiners for the medical examination and certification of all intending immigrants are: 5 shillings for each adult over 16 years of age; 3 shillings for each child in a family of immigrants. Except where the certificate is refused, when the Commonwealth pays for the examination, the Government pays 3 shillings and the applicant 2 shillings; and for those under 16 years, 2 shillings and 1 shilling, respectively. The applicant pays his fee to the medical examiners at the time examination is made. The arrangements made, mostly with the medical officers of health throughout Great Britain to act as examiners, seem admirably adapted to secure good results in the way of a standardized examination and a selected lot of emigrants. As illustrated, however, in my last annual report, the method is so much more expensive than that proposed by me in former reports in which the medical officers of the steamship companies would be bonused for doing thorough work during the passage to Canada, that we can afford to watch the effects of the operation of the new method before making any change which would involve so serious an expenditure as that of the Australian system.

Whatever the cause, the past year has seen the total deportations from Canada notably increased. This is illustrated by the following table:—

TABLE II.—Giving Total Immigrants and Deportations during Three Years.

Year.	Total Immigrants.	Total Deportations.	Rate per 1,000.
1912-13	402,432	1,281	3·1 per 1,000
1913-14	384,878	1,834	4·8 per 1,000
1914-15	144,789	1,734	12·0 per 1,000

As bearing upon the causes of deportation, reference may be made to the number of immigrants destined to and deported from different provinces, as seen in the following tables:—

TABLE III.—Giving Immigration with Destination by Provinces.

—	Alberta.	British Columbia.	Man.	Maritime Prov.	Ontario.	Quebec.	Sask.	Yukon.
1912-13.....	48,073	57,892	43,813	19,806	122,798	64,835	45,147	68
1913-14.....	43,741	37,572	41,640	16,730	123,792	80,368	40,999	36
1914-15.....	18,243	10,127	13,196	11,104	44,873	31,053	14,173	

The only notable differences between the number of immigrants by provinces for 1912-13 and 1913-14 is seen in British Columbia and Quebec. Thus the total dropped by over 20,000 from 57,892 in British Columbia, but increased in Quebec by over 15,000. Except the Maritime, all the provinces fell off greatly in 1914-15. The relation of this decrease to deportations is seen by comparing the above with the following table:—

TABLE IV.—Showing Deportations by Provinces.

—	Alberta.	British Columbia.	Man.	Maritime Prov.	Ontario.	Quebec.	Sask.	Yukon
1912-13.....	131	204	250	45	419	208	44	
1913-14.....	164	287	334	45	574	371	59	
1914-15.....	224	228	1:9	55	543	397	85	3

Thus Alberta, with a decrease of immigrants of 25,498 from 43,741 in 1913-14, had an increase of deportations of 60 for the same period. Similarly, Ontario, with a decrease of 78,919 immigrants from 123,792 in 1913-14, had 574 deportations as compared with 543 in 1914-15.

It thus becomes abundantly apparent that deportations become closely associated with economic and industrial conditions, and while loss of employment does notably tend to induce a general physical declension, yet the most notable increase is in public charges as seen in the following figures:—

TABLE V.—Deportations as Public Charges, Vagrancy and Criminality.

—	Public Charges.	Vagrancy.	Criminality.
1912-13.....	392	107	334
1913-14.....	715	97	376
1914-15.....	789	77	404

It is important to note how few of the unemployed class were deported under the technical charge of vagrancy. It has already been mentioned that the proportion of immigrants by nationality groups has been notably altered by the war. This naturally affects the number of deportations in such groups.

In the comparison by racial groups it was pointed out in last year's Report that the British in the larger groups showed as usual by far the largest proportion of deportations, the Americans next, the Slavic next and the Italians last. Thus there were:—

TABLE VI.—Showing Deportations by Nationalities Compared by Years.

—	Total Immigrants. 1913-14.	1913-14. Deported.	Total Immigrants. 1914-15.	1914-15. Deported.
British	142,622	1 in 149	43,276	1 in 49
Americans	107,530	1 in 265	59,779	1 in 129
Slavic	65,857	1 in 275	20,246	1 in 140
Italian	24,722	1 in 706	6,228	1 in 47

We may assume that the immigrants of the different nationalities were each of the same quality in the different years, yet whereas only 1 in every 706 Italians was deported in 1913-14, as high a number as 1 in every 47 was deported in 1914-15. These, as a class, have for ten years past illustrated their steady independence by seldom being found in the charity wards of hospitals or in refuges, having apparently always been able through their industry and frugality to pay their way; but being mostly unskilled labourers, they have suffered most serious privations this year owing to a lack of railway construction and town building, and have been forced to apply for assistance to return to Italy. But the effect of the financial depression is also seen in the American and Slavic groups as well as in the British, the Slavic groups being less marked, however, owing perhaps to interned Austrians, Hungarians, and Galicians being unable to return to their homes.

The total number of deportations, as already mentioned, is 1,734, or only 100 less than in 1913-14; but when those deported as public charges, vagrants, criminals, and immoral are eliminated, this number is reduced to 414.

INSANITY AND FEEBLE-MINDEDNESS.

As in recent past years, the only two diseases which have been important as causes of deportation are insanity and tuberculosis.

The following table gives the total deportations on account of insanity:—

TABLE VII.—Giving Deportations due to Insanity.

Disease.	1912-13.	1913-14.	1914-15.
Total	220	207	144
Ratio per 1,000	0·54	0·51	1·00

Compared with previous years, the number of insane deportations has still further increased, it being exactly 1 per 1,000 during 1914-15, as compared with 0·54 in 1912-13 and 0·51 in 1913-14. While it is fair to assume that activity on the part of hospital and municipal authorities in reporting such cases to the department becomes greater year by year, yet it is difficult to explain this notable increase of nearly double the ratio in any other way than by the cumulative effects of unemployment and the depressing conditions on individuals, perhaps of foreign nationality, due to the war.

It cannot, however, be overlooked that only five persons were rejected at the seaports on account of insanity, as compared with fifteen in the previous year, or rather less proportionately than in 1913-14. Incidentally, too, the clause of the Immigration Act providing for deportation within three years after arrival serves to somewhat increase the number. The fact of this notable increase is not only an unpleasant one, but it becomes still more serious since we must conclude that there is similarly an increased number of immigrants who are on the border line of insanity. Comparing the rate per 1,000 with that of the admissions in the last census year to Ontario hospitals for the insane, we find that the rate for the province is two persons admitted per 1,000, as compared with one in immigrants.

The abnormally rapid growth of cities as compared with rural districts in Canada, due to immigration, has brought into prominence the existence of a number of feeble-minded persons in our population, some of whom are immigrants. The study of this class has been especially advanced in Ontario, where in addition to the "Neglected Children's Branch" of the Government service there has recently been appointed a provincial inspector of auxiliary classes in the public schools. Added to this, the Toronto General hospital has a special clinic for feeble-minded.

Through the great kindness of Dr. C. K. Clark, Dean of Toronto University Medical Faculty and Superintendent of Toronto General hospital, the following list of patients examined in the feeble-minded clinic of the hospital, by nationalities and by whom referred, has been supplied:—

TABLE VIII.—Giving Number, Nationality and Source of Feeble-minded Persons First Examined at Feeble-minded Clinic, Toronto General Hospital, from July 1, 1914, to July 1, 1915.

Canadian	203
English	100
Scotch	17
Russian	10
American	7
Irish	6
Jamaican	3
Polish	2
Italian	2
Austrian	2
Greek	1
Icelandic	1
South African	1
Unknown	61
Total	425

Patients referred by	Juvenile Court		168
"	"	Public Health Department	40
"	"	Doctors	43
"	"	Social Health Department	35
"	"	Homes and other Institutions	32
"	"	Wards and Clinics	28
"	"	Public Schools	14
"	"	Friends	62
"	"	Ministers	3
Total			425

The total cases examined during the year, including those seen first in the previous year, were 618.

The following illustration of physical and mental defects in the poorer class is taken from our medical officer's report at the port of New York.

In all, 11,778 immigrants destined for Canada arrived at that port, of whom 264 were deported. Of these, 101 were rejected for medical reasons.

TABLE IX.—Showing Immigrants Rejected at New York for Medical Causes.

Blind	1	Poor physical development	22
Feeble-minded	10	Hernia	10
Defective speech	1	Disease of nervous system	1
Defective vision	4	Senility	2
Deformed chest, spine and joints.	3	Weak abdominal walls	9
Trachoma	20	Heart disease	8

The total feeble-minded rejected at New York was 10 out of 54 at all ports, although the total immigrants was but one-twelfth of the total. It seems apparent that quite diverse views may be held by medical inspectors at the different ports of entry as to what constitutes feeble-mindedness; but that some defective persons have been admitted to Canada who subsequently came to the notice of the Department is proved through the report of the Toronto General Hospital. That others admitted on limited time permits continue to be what they were on arrival is gathered from my investigations of several individual cases.

TABLE X.—Showing Conditions of Feeble-minded Admitted to Canada under Limited Permits.

Name.	Age.	Nationality.	Date of Arrival.	Date of Examination.	Diagnosis.	Remarks.
L. H.	16	English	Sept. 22, 1913.	Jan. 23, 1915.	Mentally deficient.	When Binet Simon Test was applied the mental age was 5 years. Family wish to return to England. Family industrious and worthy.
W. G.	15	"	Aug. 3, 1913.	April 30, 1915.	Feeble-minded	Stable type mentally slow.
E. M.	30	"	——— 1911.	May 1, 1915.	.....	Deaf at 15 mos. speaks by lip imitation, mother and family especially worthy. Admission recommended.
T. A.	8	"	——— 1913.	Dec. 22, 1914.	Optic neuritis with thyroid deficiency.	Family industrious.
F. L.	15	Hebrew	—— 1910.	Jan. 23, 1915.	Idiot	A hopeless ament. Is now in Orillia Asylum. Family industrious and progressive.
D. H.	26	English	... .	.....	Feeble-minded	Stable type, can take care of himself. Family good.
E. B.	.....	Scotch	.....	March, 1915.	Feeble-minded of microcephalic type.	Feeble-minded of stable type, well-behaved but not orderly in habits. Industrious and responsible family.
M. N.	64	"	July, 1913.	Mar. 23, 1913.	Pre-senility mental passivity.	Pre-senility stable type, delicate. Unusually worthy relatives.
A. C.	12	Hebrew	May, 1914.	Feb. 5, 1915.	Micro-cephalic idiot.	Boy strong in body but of type with little hope of improvement. Indifferent type of family.
G. S. N.	.....	Scotch	——— 1912.	.....	Feeble-minded	Has musical talent, stable type. Is in Orillia Asylum. Educated type of family.
N. L.	8	English	July, 1912.	Jan., 1915.	Imbecile	Mental age of 4. Unstable type. Worthy artisan family.

These subsequent investigations of persons and their surroundings admitted on permit is of much interest and very well illustrate the complex nature of the work of medical inspection in relation to the wider aspects of immigration. Canada desires

effective workers, and the Immigration Act is intended to be protective but not obstructive to immigration. A glance at the reports on these several cases shows that with one or two exceptions the country is distinctly benefited by the presence of the families of these persons, who under a strict application of the law would in practice have been excluded on account of a single member belonging to a prohibited class. As regards the inferences to be drawn regarding the other members of a family having one mental defective, it is proper that the practical view, if held, should be expressed that clear distinctions should be drawn between what are cases of *primary amentia* or mental deficiency and *secondary amentia*. As Dr. Tredgold, Medical Expert to the Royal Commission on the Feeble-minded, London, remarks:—

> Under normal conditions the brain of the child grows with extreme rapidity during the first few years of life. This is in consequence of its inherent capacity for growth plus the stimulation of sensory impressions, and the presence of an adequate quality and quantity of blood. Thus, inherent capacity may be normal, but the necessary stimulation of food so deficient that the gradual unfolding of the mental faculties does not take place or so tardily that some degree of backwardness is the result. Cases of this kind in which development is delayed are extremely common.

To these nutritional influences must be added the results of some particular disease, affecting brain tissue as well as the special senses and general nutrition. Some one or more of such influences seem to have been operative in most of these families whose other members were deemed normal at the seaports. Clearly, however, extreme care should be exercised in order that one may be sure that hereditary neuropathic influences, as alcohol, tuberculosis, syphilis, consanguinity, etc., are not the underlying basis of the mental deficiency. It would appear, therefore, almost essential in all families wishing to emigrate to Canada, as from Great Britain, which have some member mentally deficient, that a thorough investigation by a special officer should be made, ensuring that no insanity has existed within five years and that there does not exist any definite evidence of a family history distinctly indicative of a tendency to *primary amentia* or hereditary mental deficiency. Dr. Tredgold lays down the following satisfactory guides to forming a judgment, viz.:—

> First—If both parents are healthy and free from neuropathic taint, their offspring is healthy.
>
> Second—If one or both parents, though free from neuropathic taint, suffers from alcoholism, severe tuberculosis, or syphilis, the nervous system of the offspring tends to be unstable.
>
> Third—That the mating persons of neurotic taint tends to produce an accentuation of the neurosis.
>
> Fourth—That the mating of two mentally defective individuals yields offspring who are all defective.

While it may be said that with so many tainted persons in our population such a precaution is gratuitous and impertinent, yet it must be evident that the Immigration Act places its officers in the position of officials, as in Great Britain under the Mental Deficiency Act, where they are empowered and required to limit the increase of such a neuropathic population in Canada, by preventing the admission of such families. If, however, such were examined and prevented, on the one hand, from entering Canada it is clearly proper, on the other, in a case of *secondary amentia* in a healthy family where the misfortune of sickness may have been the cause, while the defective person may be placed under control in some proper institution whether in Great Britain or after arrival in Canada, that the benefits of new opportunities in

Canada for personal and family advancement, financially and socially, should not be withheld from worthy families, at least of British descent. It logically follows, however, that the department may clearly make it a primary requisite of admission to Canada that the incoming families become fully responsible for the maintenance, in such institutions as are approved of by the department, of their defective members, both in the interests of the individual, of the family and of the community.

TUBERCULOSIS.

The deportations from this disease, like those from insanity, continue to increase, and presumably for the same reasons. There were 82 in 144,789 immigrants in 1914-15, or 1 in every 1,785, as compared with 139 in 384,878 in 1913-14, or 1 in 2,769. While it may be true that the type of person who comes to Canada may belong especially to that stratum of society in which this disease especially prevails, yet, as has been remarked in previous reports, the disease, by virtue of its slow advance and varied type, makes its detection without careful physical examination quite impossible. That its progress depends largely on the constitution, personal habits and occupation of the person affected is generally recognized, and that during the lack of employment persons should have broken down with this disease and become public charges is only to be expected. While much care should be taken by medical officers, both on shipboard and at all ports of entry, to examine and detain for observation and examination persons presenting obvious anaemia and lack of vigour, yet it cannot be forgotten that the exposure to the wind and weather on shipboard often tends to give a false appearance of health, even, to such persons. When, however, the results of observation by physicians in charge of tuberculosis sanatoria are tabulated, it is found that even in private medical practice comparatively few cases of the disease are reported by the ordinary practitioner before being notably advanced. The result of ten years of observation of the disease raises the question again as to whether a certificate of freedom from this disease, personally and in the family of intending immigrants for several years prior to the time of emigrating, might not fairly be asked by certifying medical officers before their steamship passage is taken. Until, however, immigration to Canada again booms it is probable that the present rule by which public authorities are called upon to report cases of the disease when found and have become a charge upon the public, will prove in practice adequate for dealing with these interesting but unfortunate sufferers from the most widespread of all diseases.

TABLE XI.—Showing the Diseases for which Immigrants were Detained at the Ports of Quebec, Halifax, St. John, North Sydney, Vancouver, Victoria, New York, Portland, Boston and Baltimore during the Fiscal Year:—

Cause.	No. Detained.	Released.	Rejected.	Died.	Remaining.
1. Contagious diseases—					
Measles	8	8			
Fever	1	1			
Tonsilitis	2	2			
2. General diseases—					
Laryngitis	3	3			
Rheumatism	4	2	2		
Tuberculosis	11	4	7		
Adenitis	12		12		
Anaemia	1	1			
Alcoholism	1	1			
Cellulitis	1	1			
Sclerosis	1		1		
Potts disease	1	1			
Haematocele	1		1		

TABLE XI.—Showing the Diseases for which Immigrants were Detained, etc.—*Con.*

Cause.	No. Detained.	Released.	Rejected.	Died.	Remaining.
3. Eye diseases—					
Cataract	5	1	1		
Conjunctivitis	100	99	1		
Obs. of eyes	36	36			
Trachoma	151	14	137		
Defective sight	4	1	3		
Exophthalmia	1		1		
Keratitis	1	1			
4. Nervous diseases—					
Mental observation	67	67			
Epilepsy	3	2	1		
Feeble-minded	51	1	50		
Melancholia	1		1		
Imbecility	6	2	4		
Insanity	5		5		
Neurasthenia	1		1		
Paralysis	1		1		
5. Circulatory system—					
Goitre	4	4			
Heart disease	13	2	11		
Jaundice	1	1			
Endocarditis	4	3	1		
Varicose veins	1		1		
6. Respiratory system—					
Pneumonia	8	5	1		2
Asthma	1				1
Bronchitis	5	4	1		
Conjestion of lungs	1	1			
7. Digestive system—					
Appendicitis	1	1			
Hernia	13		13		
8. Genito-urinary system—					
Diabetes	1	1			
Confinement	1	1			
Gonorrhoea	3	1	2		
Syphilis	4	1	3		
Nephritis	1		1		
Inflammation of bladder	1				1
Pregnancy	1		1		
9. The Skin—					
Disease of skin	4	4			
Scabies	32	31			1
Favus	1		1		
Psoriasis	2	1	1		
Impetigo	8	8			
Eczema	3	3			
Tinea	4		4		
Sycosis	5		5		
10. Malformation and diseases of old age and infancy—					
Deafness	4	4			
Deaf and dumb	1		1		
Curvature of spine	2		2		
Club foot	1	1			
Senility	4	3	1		
11. Accidents—					
Fracture	2	2			
Loss of foot	1	1			
Broken leg	1				1
12. Ill defined causes—					
General obs	220	217		3	
Poor physique	41	3		38	
Abscess	11	9		2	
High temperature	2	2			
Inflammation	2			2	
Ostitis	1	1			

The total detentions on account of disease were 896, as compared with 1,941 in 1913-14, or just half the number.

Class 1.—There was a remarkable freedom from contagious diseases during the year, there being but 11 cases of all kinds and but 8 cases of measles, as compared with 68 last year.

Class 2.—This class of general diseases was also marked by very few detentions, there being but 36 in all, and only 11 detained on account of tuberculosis.

Class 3.—This class of eye diseases, so prominent in earlier years of the inspection work, has similarly become greatly reduced. This is due in large measure to the care exercised by the medical officers at the European seaports. There were only 298 cases detained, of which 100 were for conjunctivitis, 36 for observation, and 151 actually termed trachoma, with 137 rejections, as compared with 486 rejections in 1904-5.

Class 4.—As already referred to regarding deportations, this class of nervous diseases has taken on a special importance. While but 5 cases of insanity were detained and 5 rejected, the number detained for mental observation was 67, and 57 were detained on account of feeble-mindedness and imbecility, and 54 were rejected. One epileptic only was rejected.

Class 5.—Diseases of the circulatory system are naturally rare in the class, usually young people, who emigrate. It is probable, however, that more would be detected if a physical examination were made in all cases; but this seems unnecessary when it is noted that but 7 cases were deported on account of heart disease.

Class 6.—In all, there were but 23 detained on account of diseases of the respiratory system, and but 3 deported, of these 2 being for pneumonia.

Class 7.—Diseases of the digestive system are few, as would be expected from the age of most immigrants. There were, however, 13 deportations on account of hernia, of which 11 occurred at New York. Presumably the physical examination of the immigrants has been more complete at this port.

Class 8.—The diseases of the genito-urinary system seldom bear such outward signs as to make their detection on ordinary inspection easy. In all, but 12 were detained and 7 were rejected.

Class 9.—That in 144,789 immigrants only 59 cases should have been detained on account of any disease of the class of skin diseases says much for the general cleanliness of the immigrants. Of these, 29 were Orientals in a total of 32 cases detained for scabies. Only 4 cases of tinea were detained, and all were rejected, as it is a tedious disease to treat, and very communicable.

Classes 10 and 11.—Obviously, malformations and senility are so readily diagnosed that these conditions are not very frequently found amongst immigrants on arrival. There were 2 cases of spinal defect, and 1 of senility rejected. In the class of accidents, while detention is necessary for a time, their curability makes rejection but seldom necessary.

Class 12.—Except class 3, this class of ill-defined causes contains the largest number of detentions, these being 277. Of these, 220 were for general observation. The generally unsatisfactory appearance, both mentally and physically, of many immigrants coming out of the steerage often demands a more careful observation than the necessarily rapid examination in the line makes possible; hence, thoroughness dictates that certain immigrants be sent to the hospital where a more careful examination can be made. Of these, 3 died, but the rest passed the final inspection. The

question of poor physique enters definitely into such an examination, and probably could be pushed further with advantage. Of these, 38 were rejected out of 41 detained. When it is noted, however, that but 6 in every 1,000 immigrants were detained, the class, on the whole, must be considered satisfactory.

I thus have summed up the chief features of the work of the medical immigration service during the year in which whatever immigration there was has been the result of former efforts rather than the effect of any new initiative. While the number of immigrants during the year has been much limited, the statistics given nevertheless present many points of interest. What we learn from these may well serve to indicate various directions in which still greater attention may be given to medical inspection in the permanent interests of the people of Canada.

Respectfully submitted,

PETER H. BRYCE,
Chief Medical Officer.